*COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHGB030028 US

As a below named inventor, I h My residence, post office addre		ed next to my name.	
plural names are listed below)	of the subject matter which is on APPARATUS FOR, PE	name is listed below) or an origina claimed and for which a patent is s ROTECTING FROM RADIO	sought on the invention `
is attached hereto.	,		
was filed as United States a	pplication		
Serial No			
on			
and was amended			
on	,		
was filed as PCT internation IB2005/000854 Number 16 March 2004 On	nal application		
and was amended under PCT	Article 19		
on —		- 10	(if applicable).
claims, as amended by any am	endment referred to above. ose information which is mate	nts of the above-identified specific	-
I hereby claim foreign priority be or inventor's certificate or of an States of America listed below any PCT international application	enefits under Title 35, United 9 y PCT international application and have identified below any on(s) designating at least one	States Code, § 119 of any foreign n(s) designating at least one count foreign application(s) for patent or country other than the United Stat the application(s) of which priority	ry other than the United r inventor's certificate or es of America filed by me
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 11	9:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
GB	0307033.1	27 March 2003	YES

Coml	Combined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number PHGB030028 US					Attorneys Docket Number PHGB030028 US	
				the following attorney(s) and/o . (List name and registration n		ecute this application and transact	
Micha	E. Haken, Reg. No nel E. Marion, Reg rd M. Blocker, Re	g. No. 32, 266			Direct Telephone (name and telep (914)332-022	hone number)	
201	FULL NAME OF INVENTOR	FAMILY NAME CALDWELL		FIRST GIVEN NAME Richard		SECOND GIVEN NAME J.	
	RESIDENCE & CITIZENSHIP	CITY REIGATE		1		COUNTRY OF CITIZENSHIP Great Britain	
	POST OFFICE ADDRESS	11 Norbury Ro		REIGATE		STATE & ZIP CODE/COUNTRY RH2 9BY, England	
	FULL NAME OF INVENTOR	FAMILY NAME PAYNE		FIRST GIVEN NAME Adrian		SECOND GIVEN NAME W.	
202	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY Great Britain		COUNTRY OF CITIZENSHIP Great Britain	
	POST OFFICE ADDRESS	POST OFFICE ADDR	ESS	CITY HORLEY		STATE & ZIP CODE/COUNTRY RH6 8EL, England	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.							
SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 202							
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DATE	7.7.	05	DATE	7.7/.05.			

PTO/SB/80 (11-04)

Approved for use through 11/30/2005, OMB 0651-0035

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Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	I here	by appoint:					
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	X	Practitioners asso	ciated with the Customer Number:	24	737		
as atomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned any to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: 24737 OR Firm or Individual Name Address City State XONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (form PTO/SB/86 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. Signature Date 14 January 2005 Telephone (914) 333–9637	°	nR					
as attorney(s) or agenti(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: Yes The address associated with Customer Number: 24737	Ш	Practitioner(s) nan	ned below (if more than ten patent	t practitioners are to be	e named, then a cu	stomer number must	be used):
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X			Name	Registration		Name	
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as attorrey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X				573421			_
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Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: 24737 OR	as atto	rney(s) or agent(s)) to represent the undersigned bef	ore the United States	Patent and Tradem	ark Office (USPTO)	n connection with
The address associated with Customer Number: 24737 State Zip	attache	ed to this form in a	ccordance with 37 CFR 3.73(b).	ighed according to the	USP TO assignance	THE THECOTOR OF ASSISTED	ment documents
Firm or Individual Name Address City Country Telephone KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637	Please	change the corres	spondence address for the applica	tion identified in the a	tached statement u	under 37 CFR 3.73(b) to:
Firm or Individual Name Address City Country Telephone KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637				0.15	. =		
Firm or Individual Name Address City Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333–9637		The address as	ssociated with Customer Number:	247	37		
Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637		Firm or	Υ				
City State Zip Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The idividual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637	Addr	Individual Name					
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Signature of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637	the pr	actitioners app	ointed in this form if the app	ointed practitione	r is authorized t		
The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637	and n	iust identity the					
Name Michael E. Marion Telephone (914) 333-9637		The				n behalf of the assign	nee
Name Michael E. Marion Telephone (914) 333-9637	Signati	ure	Made. He	aur		Date 14 Jar	uary 2005
Title Authorized Representative	Name	Michae				Telephone (914	333-9637
	Title	Author	rized Representa	tive			

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STATEMENT	TUNDER 37 CFR 3.73(b)	
Applicant/Patent Owner: Koninklijke Philips Electronics N.V.		
Application No./Patent No.: Concurrently Fil	ed/Issue Date: Concurrently	
Entitled: METHOD OF, AND APPARATUS FOR, PROTECT	TING FROM RADIO FREQUENCY INTERFERENCE	
Koninklijke Philips Electronics N.V. , a (Name of Assignee)	corporation (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)	
states that it is: 1.	or	
2. an assignee of less than the entire right, title and in The extent (by percentage) of its ownership interest in the patent application/patent identified above by virtue.	st is %	
	application/patent identified above. The assignment was recorded at Reel, or for which a copy thereof is	
OR		
B. [] A chain of title from the inventor(s), of the patent a below:	pplication/patent identified above, to the current assignee as shown	
From: The document was recorded in the United Seel, Frame		
	To:	
The document was recorded in the United S	States Patent and Trademark Office at, or for which a copy thereof is attached.	
3. From: The document was recorded in the United S Reel, Frame	To:	
[] Additional documents in the chain of title ar	e listed on a supplemental sheet.	
[] Copies of assignments or other documents in the characteristic [NOTE: A separate copy (i.e., the original assignment must be submitted to Assignment Division in accordance recorded in the records of the USPTO. See MPEP 3	nt document or a true copy of the original document) ance with 37 CFR Part 3, if the assignment is to be	
The undersigned (whose title is supplied below) is autho	rized to act on behalf of the assignee.	
9/15/06	Aaron Waxler, Reg. 48,027	
Date	Typed or printed name	
(914) 333-9608	- Wash	
· Telephone number	Signature	
	Corporate Counsel Title	

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